

PRIVATE SANITARY SEWERS OPERATING (PSO)PERMIT RENEWAL APPLICATION

DERM - Miami-Dade County

33 SW 2nd Avenue, Suite 500 Miami, Florida 33130-1540, Ph. # (305) 372-6899

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Notes:

- 1. Please complete and/or correct information as necessary.
- 2. You <u>MUST</u> return this form properly SIGNED, along with your corresponding fee.

GENERAL INFORMATION (Please print or type) PSO#: To be ass	Class:
Facility Name:	
Company Name:	
Facility Address:	
City:	Zip Code:
Property Owner:	Facility Phone:
(As it appears in County records)	()
Property Tax Folio No.:	
PERMITTEE INFORMATION	
Permittee Contact Name: Title:	
(Mailing Contact Name) Mail Address:	
City: State: Zip Code: Phone No.:	Evt
e-mail address (if any):	LAt.
EMERGENCY CONTACT INFORMATION: (You MUST COMPLETE	/ UPDATE this box)
Emergency Contact Person: Phone	(24 HRS):
COLLECTION SYSTEM INFORMATION (As per drawings submitted to this Department)	
Number of Pump Stations within property: Pump Capacity (GPM): _	Pump 1 / Pump 2
Total Number of Sanitary Sewer Manholes Within the Property:	Tump 17 Tump 2
Total Length of the Gravity Sewer Lines	
4" Diam.(ft.): 6" Diam. (ft.): 8" Diam. (ft.): 10" Diam. (ft):	12" Or Larger (ft):Acres:
Maint./Service Contractor (& Ph. No.) :	
Please attach a check in the amount of *** made payable to fee amount is based on the fee schedule approved by the Board of Cou INCLUDE PSO PERMIT NUMBER ON YOUR CHECK.	"Miami-Dade County". This nty Commissioners. PLEASE

SEE BACK OF THIS FORM FOR AUTHORIZATION

The undersigned owner or authorized representative* of: Facility / Business / Company Name	
is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best	
of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution	
control facilities in such a manner as to comply with the provisions of Chapter 24, Metropolitan Dade County Code, and all	
the rules and regulations of the department. He/She also understands that a permit, if granted by the department, will be	
non-transferable and he/she will notify the department upon sale, change of location, or legal transfer of the permitted	
facility.	
*attach letter of authorization, if necessary	
SIGNATURE STATEMENT	
I certify under penalty of law that this document and all attachments were prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	

Authorized Representative, Owner or Corporate Official:

Signature

Date:

system or the persons directly responsible for gathering the information, that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing

FEE SCHEDULE (As of October 1, 2002)

The permit fee is the sum of the **Piping Fee** plus the **Private Pump Station Fee**. This is ONLY IF the facility has more than 1000 feet of pipe, six inches or larger in nominal diameter. Otherwise, the fee will be based on the number of private pump stations only.

Piping Fee

violations.

4 in. pipe: No Charge
6 in. pipe: \$0.12/LF
8 in. pipe: \$0.17/LF
>8 in. pipe: \$0.23/LF

Private Pump Station Fee

• Sanitary Pump Station fee is now at \$\frac{\$130.00}{}\$ each for all type facilities, regardless if they meet the 1000 feet criteria.